

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES  
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS  
55 FARMINGTON AVENUE  
HARTFORD, CT 06105-3725

██████████ 2021  
Signature Confirmation

Case ID # ██████████  
Client ID # ██████████  
Request # 180623

NOTICE OF DECISION  
PARTY

██████████  
██████████  
██████████

PROCEDURAL BACKGROUND

On ██████████ 2021, The Health Insurance Exchange, Access Health CT (“AHCT”) issued a Notice of Action (“NOA”) to ██████████ (the “Appellant”) granting HUSKY A Medicaid healthcare coverage for three children and denying Husky A/Parents and Caretakers Medicaid for the Appellant and her spouse.

On ██████████ 2021, the Appellant requested a hearing to contest the denial of the Medicaid/HUSKY A coverage for Parents and caretakers.

On ██████████ 2021, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████, 2021.

On ██████████ 2021, at the Appellant’s request, OLCRAH issued a notice rescheduling the administrative hearing for ██████████ 2021.

On ██████████ 2021, at the Appellant’s request, OLCRAH issued a notice rescheduling the administrative hearing for ██████████ 2021.

On ██████████ 2021, in accordance with sections 17b-60, 17b-264 and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, Title 45 Code of Federal Regulations (“CFR”) §§ 155.505(b) and 155.510 and/or 42 CFR § 457.113, OLCRAH held an administrative hearing by telephone. The following individuals participated in the hearing:

██████████, Appellant  
Cathy Davis, AHCT Representative  
Swati Sehgal, Hearing Officer

### **STATEMENT OF THE ISSUE**

The issue to be decided is whether AHCT correctly denied the Medicaid/HUSKY A for Parents and caretakers healthcare coverage for the Appellant and her spouse.

### **FINDINGS OF FACT**

1. The Appellant, her spouse and their three minor children were active on Medicaid/HUSKY A healthcare coverage as of ██████████ 2017. (Appellant's testimony, AHCT's testimony)
2. On ██████████ 2021, AHCT processed a change reporting application through the Health Insurance Exchange ("HIX") system. The change reporting application reflected the Appellant, and her spouse are authorized to work. (Exhibit 4: Application ██████████/21, Appellant's Testimony)
3. The Appellant has a household of five (5) people. (Exhibit 4)
4. The Appellant, her spouse and her two children arrived in the United States on ██████████ 2016. The Appellant's youngest child was born in the United States. (Appellant's Testimony)
5. The Appellant, and her spouse have applied for Asylee status and their application is pending. (Appellant's Testimony)
6. The Appellant and her spouse are not legal permanent resident or U.S. citizens. (Appellant's Testimony)
7. On ██████████ 2021, AHCT sent the Appellant a Notice of Action which stated that the Appellant's three children qualified and would continue to receive Medicaid/HUSKY A medical coverage. The Appellant, and her spouse would be eligible to purchase a Qualified Health Plan ("QHP") with an Advanced Premium Tax Credit ("APTC"). (Exhibit 2: Notice of Action, ██████████/21)
7. The issuance of this decision is timely under section 17b-61(a) of Connecticut General Statutes, which requires that a decision be issued within 90 days of the request for an administrative hearing. The Appellant requested an administrative hearing on ██████████ 2021. This decision, therefore, was due no later than ██████████ 2021. The hearing, however, which was originally scheduled for ██████████, 201, was rescheduled for ██████████ 2021, and again to

██████████, 2021, at the request of the Appellant, which caused a 22-day delay. Because this 22-day delay resulted from the Appellant's request, this decision is not due until ██████████ 2021, and is therefore timely. (Hearing Record)

### **CONCLUSIONS OF LAW**

1. Section 17b-260 of the Connecticut General Statutes ("CGS") provides for acceptance of federal grants for medical assistance. The Commissioner of Social Services is authorized to take advantage of the medical assistance programs provided in Title XIX, entitled "Grants to States for Medical Assistance Programs", contained in the Social Security Amendments of 1965 and may administer the same in accordance with the requirements provided therein, including the waiving, with respect to the amount paid for medical care, of provisions concerning recovery from beneficiaries or their estates, charges and recoveries against legally liable relatives, and liens against property of beneficiaries.
2. Section 17b-264 of the CGS provides for the extension of other public assistance provisions. All of the provisions of sections 17b-22, 17b-75 to 17b-77, inclusive, 17b-79 to 17b-83, inclusive, 17b-85 to 17b-103, inclusive, and 17b-600 to 17b-604, inclusive, are extended to the medical assistance program except such provisions as are inconsistent with federal law and regulations governing Title XIX of the Social Security Amendments of 1965 and sections 17b-260 to 17b-262, inclusive, 17b-264 to 17b-285, inclusive, and 17b-357 to 17b-361, inclusive.

**The Department has the authority to review the Appellant's application for Husky A and determine whether her household meets the program's eligibility requirements.**

3. Title 45 of the Code of Federal Regulations ("C.F.R.") § 155.110(a) provides that the State may elect to authorize an Exchange established by the State to enter into an agreement with an eligible entity to carry out one or more responsibilities of the Exchange. Eligible entities are: (1) An entity: (i) Incorporated under, and subject to the laws of, one or more States; (ii) That has demonstrated experience on a State or regional basis in the individual and small group health insurance markets and in benefits coverage; and (iii) Is not a health insurance issuer or treated as a health insurance issuer under subsection (a) or (b) of section 52 of the Code of 1986 as a member of the same controlled group of corporations (or under common control with) as a health insurance issuer; or (2) The State Medicaid agency, or any other State agency that meets the qualifications of paragraph (a)(1) of this section.
4. Title 45 of the Code of Federal Regulations ("CFR") § 155.505(c)(1) provides that Exchange eligibility appeals may be conducted by a State Exchange appeals entity or an eligible entity described in paragraph (d) of this section that is

designated by the Exchange, if the Exchange establishes an appeals process in accordance with the requirements of this subpart.

5. 45 CFR § 155.505(d) provides that an appeals process established under this subpart must comply with § 155.110(a).
6. Title 42 C.F.R. § 435.406(a)(2)(i) provides that States may provide Medicaid to certain qualified non-citizens as described in section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (8 U.S.C. 1641) (including qualified non-citizens subject to the 5-year bar) who have provided satisfactory documentary evidence of Qualified Non-Citizen status, which status has been verified with the Department of Homeland Security (DHS) under a declaration required by section 1137(d) of the Act that the applicant of beneficiary is an non-citizen in a satisfactory immigration status.
7. Title 8 of the United States Code (“U.S.C.”) Section 1641(b) provides that for the purposes of this chapter, the term “qualified alien” means an alien who, at the time the alien applies for, receives, or attempts to receive a Federal public benefit, is—
  - (1) an alien who is lawfully admitted for permanent residence under the Immigration and Nationality Act [8 U.S.C. 1101 et seq.],
  - (2) an alien who is granted asylum under section 208 of such Act [8 U.S.C. 1158],
  - (3) a refugee who is admitted to the United States under section 207 of such Act [8 U.S.C. 1157],
  - (4) an alien who is paroled into the United States under section 212(d)(5) of such Act [8 U.S.C. 1182(d)(5)] for a period of at least 1 year,
  - (5) an alien whose deportation is being withheld under section 243(h) of such Act [8 U.S.C. 1253] (as in effect immediately before the effective date of section 307 of division C of Public Law 104–208) or section 241(b)(3) of such Act [8 U.S.C. 1231(b)(3)] (as amended by section 305(a) of division C of Public Law 104–208),
  - (6) an alien who is granted conditional entry pursuant to section 203(a)(7) of such Act [8 U.S.C. 1153(a)(7)] as in effect prior to April 1, 1980,
  - (7) an alien who is a Cuban and Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980), or
  - (8) an individual who lawfully resides in the United States in accordance with a Compact of Free Association referred to in section 1612(b)(2)(G) of this title, but only with respect to the designated Federal program defined in section 1612(b)(3)(C) of this title (relating to the Medicaid program).

**The Appellant and her spouse have a pending application for Asylee status. They are not Asylees yet, therefore do not meet the definition of qualified aliens for Federal means-tested public benefits.**

8. Title 42 CFR §435.406 provides for Citizenship and non-citizen eligibility.

(a) The agency must provide Medicaid to otherwise eligible individuals who are—

(1) Citizens and nationals of the United States, provided that—

(i) The individual has made a declaration of United States citizenship, as defined in §435.4, or an individual described in paragraph (a)(3) of this section has made such declaration on the individual's behalf, and such status is verified in accordance with paragraph (c) of this section; and

(ii) For purposes of the declaration and citizenship verification requirements discussed in paragraphs (a)(1)(i) of this section, an individual includes applicants under a section 1115 demonstration (including a family planning demonstration project) for which a State receives Federal financial participation in its expenditures.

**The Appellant and her spouse are the individuals who have not made a declaration of United States citizenship and are considered non-citizens without qualifying legal status and, as a result, are ineligible for Medicaid.**

**AHCT correctly discontinued the Appellant's Husky A/Parents and Caretakers Medicaid effective [REDACTED] 2021.**

### **DECISION**

The Appellant's appeal is **DENIED.**

Swati Sehgal

Swati Sehgal  
Hearing Officer

Pc: Cathy Davis, Appeals Coordinator, Health Insurance Exchange Access Health CT  
Becky Brown, Mike Towers, Health Insurance Exchange, Access Health CT

**Modified Adjusted Gross Income (MAGI) Medicaid and  
Children's Health Insurance Program (CHIP)  
Right to Request Reconsideration**

For denials or reductions of MAGI Medicaid and CHIP, the Appellant has the right to file a written reconsideration request within 15 days of the mailing date of the decision on the grounds there was an error of fact or law, new evidence has been discovered or other good cause exists. If the request for reconsideration is granted, the Appellant will be notified within 25 days of the request date. No response within 25 days means that the request for reconsideration has been denied. The right to request a reconsideration is based on §4-181a(a) of the Connecticut General Statutes.

Reconsideration requests should include specific grounds for the request: for example, indicate what error of fact or law, what new evidence, or what other good cause exists. Reconsideration requests should be sent to: Department of Social Services, Director, Office of Legal Counsel, Regulations, and Administrative Hearings, 55 Farmington Avenue, Hartford, CT 06105-3725.

**Right to Appeal**

For denials, terminations or reductions of MAGI Medicaid and CHIP eligibility, the Appellant has the right to appeal this decision to Superior Court within 45 days of the mailing of this decision, or 45 days after the agency denies a petition for reconsideration of this decision, provided that the petition for reconsideration was filed timely with the Department. The right to appeal is based on §4-183 of the Connecticut General Statutes. To appeal, a petition must be filed at Superior Court. A copy of the petition must be served upon the Office of the Attorney General, 165 Capitol Avenue, Hartford, CT 06106 or the Commissioner of the Department of Social Services, 55 Farmington Avenue, Hartford, CT 06105. A copy of the petition must also be served on all parties to the hearing.

The 45-day appeal period may be extended in certain instances if there is good cause. The extension request must be filed with the Commissioner of the Department of Social Services in writing no later than 90 days from the mailing of the decision. Good cause circumstances are evaluated by the Commissioner or his designee in accordance with §17b-61 of the Connecticut General Statutes. The Agency's decision to grant an extension is final and is not subject to review or appeal.

The appeal should be filed with the clerk of the Superior Court in the Judicial District of New Britain or the Judicial District in which the Appellant resides.